

*Approved for
Fili's 5/28/08
[Signature]*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X CASE NO.: 07 CV 7007

RENEE BROWN, PARENT AND GUARDIAN
OF MINOR CHILD HOWARD BROWN,

PLAINTIFF,

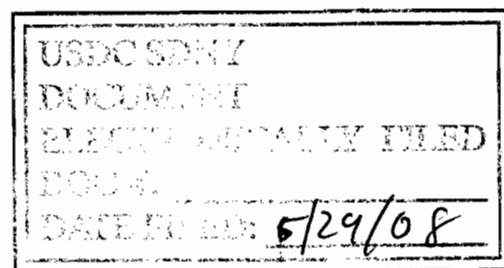
-against-

THE CITY OF NEW YORK, THE NEW YORK
CITY DEPARTMENT OF EDUCATION, OFFICER
MELENDEZ AND DEAN CALDERON,

DEFENDANTS.

AFFIDAVIT OF RENEE
BROWN, INFANT'S
REPRESENTATIVE, IN
SUPPORT OF PLAINTIFF
MOTION TO SETTLE
ACTION

-----X
STATE OF NEW YORK)
) ss.
COUNTY OF NEW YORK)



Renee Brown, deposes and states under oath as follows:

1. I am the plaintiff in the above action. I am the Parent and Guardian of Minor Child Howard Brown in a Section 1983 action brought on his behalf, through myself as his legal guardian against the defendant. I have personal knowledge of the below stated. I am submitting this affidavit in support of Plaintiff Motion to Settle Action of Infant.
2. I reside at 1980 Park Avenue, #6J, New York, New York 10037, with my minor child Howard Brown.
3. The subject action arises from my son Howard Brown allegedly being assaulted and detained by the defendants on or about November 21, 2006 at Graphic Communications School, New York, New York. My attorney Mr. Fish has also informed me that defense witnesses, were this matter to proceed to trial, would have offered substantial evidence significantly contradicting

my son's version of the factual particulars that gave rise to the present lawsuit.

4. My son Howard Brown did in fact sustain personal injuries arising out of the subject

November 21, 2006 incident, consisting of contusions and bruises and was treated one time at North General Hospital ~~Harlem Hospital~~ for same. He was not confined to any jail in regard to the detention. He did not sustain any loss wages herein. His injuries have resolved themselves completely.

5. I hired my attorney Gary S. Fish, Esq., pursuant to a Retainer Agreement, which provided that in the event that monies were recovered on behalf of my minor child, Mr. Fish would be entitled as a contingency fee, to Thirty Three and One-Third Percent (33 1/3%) of the monies recovered as his attorney fee. The Agreement also provided that Mr. Fish was entitled to be reimbursed his reasonable disbursements, in the event that monies were recovered in the case. I am aware that Mr. Fish filed a lawsuit on our behalf, (\$350.00 filing fee) served the lawsuit on the defendants, (\$180.00 service of process incurred fee.) participated in a PreTrial Conference, engaged in numerous conversations with Assistant Corporation Counsel Suzette Rivera, Esq., concerning the scheduling of discovery, and with respect to and settlement discussions. It is my understanding that Mr. Fish's incurred costs in the case amounted to \$530.00 He is seeking a total of \$3,600.00 in attorney fees and costs, which means that he is waiving part of his \$3,333.33 earned attorney fee (1/3 of \$10,000.00). This is reasonable and fair.

6. I am satisfied with the legal representation Mr. Fish has provided myself and my son in the case. It is my decision to settle the case at this stage, for the amount of \$10,000.00, to avoid the time and expense and uncertainty of trial.

7. I respectfully request that the Honorable Court will approve ~~the~~ the amount of the settlement of this Infant Compromise Action, award my attorney Gary S. Fish, Esq., the sum of \$3,600.00

as his attorney fees and costs, award the sum of \$6,400.00 to the plaintiff, to be placed in a bank account to benefit my minor son Howard Brown, together with any other just and equitable relief deemed proper by the Court.

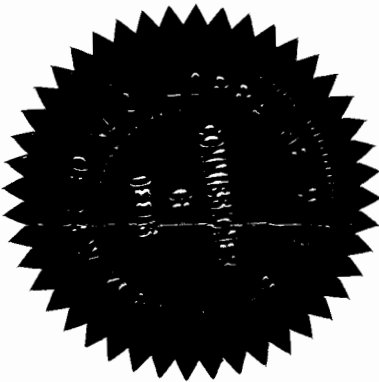
Renee Brown
Renee Brown

Sworn to before me this 28th day of May 2008

Lorraine W. Hobson
Notary Public

LORRAINE W. HOBSON
Commissioner of Deeds
City of New York - No. 3-3297
Certificate Filed in New York County
Commission Expires June 1, 2008

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Commissioner of Deeds
City of New York - No. 3-3297
Certificate Filed in New York County
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EMERGENCY DEPARTMENT
TRIAGE ASSESSMENT/REASSESSMENT RECORD

Date: 11-2-10	Arrival Time: 3:58 PM	Category: <input type="checkbox"/> Emergent (II) <input type="checkbox"/> Semi-Urgent (IV) <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent (I)	CSF 3.4
Name: B. J. H. H.	Date of Birth: 2/21/91	Age: 15	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Chief Complaint (Include Onset Time & Treatment - What, When, Where) Pain to both shoulders after hand cuffed by security guard at school felt dizzy after incident. Dizziness goes away at present.			
Pain Screen: Patient C/O Pain? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes complete the following: Severity: (0-10) 0 = No Pain 10 = Severe Pain Location: Shoulders		
ACTION: <input type="checkbox"/> MD NOTIFIED		Duration: 5 Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	
Quality: <input type="checkbox"/> Ache <input type="checkbox"/> Cramping <input type="checkbox"/> Constant <input type="checkbox"/> Crushing <input type="checkbox"/> Dull <input type="checkbox"/> Fullness <input type="checkbox"/> Heavy <input type="checkbox"/> Indigestion <input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Throbbing <input type="checkbox"/> Other (Specify)			
Vital Signs	Time: 3:58 PM	Temperature: 98.4 PO Rectal	Pulses: 84
		Respiration: 18	Blood Pressure: 111/63
		Pulse Oximetry: 99	Fingerstick (if indicated) mg/dl
Mode of Arrival	<input checked="" type="checkbox"/> Walked in <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Private Ambulance <input type="checkbox"/> Other		
Level of Consciousness:	<input checked="" type="checkbox"/> Alert & Oriented X <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Drowsy		
Skin	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Cold <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic		
Past Medical/ Surgical History	Allergies	Current Medication	
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes (Specify)	<input type="checkbox"/> Cancer <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Seizure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (Specify)	
<input type="checkbox"/> Cardiac <input type="checkbox"/> GERD <input type="checkbox"/> Schizophrenia	<input type="checkbox"/> CHF <input type="checkbox"/> Hepatitis <input type="checkbox"/> Sickle Cell	Last Tetanus Toxoid (When applicable):	
<input type="checkbox"/> COPD <input type="checkbox"/> HIV+ <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> CVA <input type="checkbox"/> HTN <input type="checkbox"/> TB	ADVANCE DIRECTIVE: Patient has AD <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Specify:	
<input type="checkbox"/> Depression <input type="checkbox"/> Psychosis <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Healthcare Proxy <input type="checkbox"/> Living Will <input type="checkbox"/> DNR <input type="checkbox"/> DNI	PEDIATRIC ONLY	
LMP: None	Weight: 144 lbs/kgs	Head Circumference-Under 2 Years _____ cm.	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Irregular <input type="checkbox"/> Menopause	Immunization Status: Up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
FUNCTIONAL ASSESSMENT:	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> PARTIAL ASSIT <input type="checkbox"/> DEPENDENT		
NUTRITIONAL ASSESSMENT:	<input type="checkbox"/> APPEARS WELL NOURISH <input type="checkbox"/> OVERWEIGHT <input type="checkbox"/> UNDERWEIGHT		
TRIAGE NURSE	SIGNATURE: [Signature] RN PRINT NAME: [Name]		
Date	Time	Intervention / Assessment / Reassessment	

EMERGENCY DEPARTMENT PATIENT RECORD

Case 1:07-cv-07007-AKH

Document 7

Filed 05/29/2008

Page 5 of 5

Advanced Directive:



P A T I E N T	ADMIT OFF		ADMIT DATE / TIME		PT TYPE ER		ADMIT NUMBER 0632500634		MEDICAL RECORD NO. 000491743	
	NAME Brown Howard		M/S S	SEX M	RACE 2	SOCIAL SECURITY NO.		BIRTH DATE 02/25/91	AGE 15Y	RELIGION ERS
	STREET ADDRESS 1980 Park Ave #6		CITY/STATE NY		ZIP 10037		CNTY		TELEPHONE NO. 347 561 1946	
	EMPLOYER NAME Student		ADDRESS		PT. OCCUPATION		TELEPHONE NO.			
G U A R	GUARANTOR/ADDRESS Brown Renee								TELEPHONE NO. 347 561 1946	
	EMPLOYER NAME/ADDRESS Life Adjustment								TELEPHONE NO. 718 293 9727	
I N S	INSURANCE COMPANY NAME HIP Medicaid		GROUP		POLICY NUMBER WY 176296		POLICY HOLDER NAME		REL.	
	INSURANCE COMPANY NAME		GROUP		POLICY NUMBER		POLICY HOLDER NAME		REL.	
C O N S E N T F O R T R E A T M E N T	RELATIVE NOTIFIED YES NO		NAME Brown Renee		TIME		RELATIONSHIP Mother		TELEPHONE NO. 347 561 1946	
	NOTES:									
	EMERGENCY PHYSICIAN		PRIVATE ATTENDING		INJURY DATE		TIME		ARRIVAL MODE	
	EMERGENCY PHYSICIAN		POLICE YES NO		OFFICER'S NAME/BADGE#/PCT#		M.E. YES NO		ACCIDENT LOCATION	
	ONSET DATE		TIME AM PM		SOURCE OF INFORMATION		RELATIONSHIP			
	REGISTRAR'S SIGNATURE CD									
	I, <u>Renee Brown</u> , hereby give my voluntary consent to the performance of Emergency Treatment as indicated, with whatever Procedure is necessary.									
	Por este medio yo, _____, voluntariamente doy mi consentimiento para recibir el tratamiento de emergencia indicado, con los procedimientos que sean necesarios.									
SIGNATURE: <u>Renee Brown</u> RELATIONSHIP: <u>Mother</u> WITNESS: <u>CD</u>										

11/21/2006

4:39 PM